



BAU 1646
Atty. Dkt. No. 041673-2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Bier, et al.
Title: PEPTIDE INHIBITOR OF TGF-B
GROWTH FACTORS
Appl. No.: 09/215,569
Filing Date: 12/16/1998
Examiner: Romeo, D.
Art Unit: 1646

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below.

Germaine Sarda

(Printed Name)

Germaine Sarda
(Signature)

October 18, 2001

(Date of Deposit)

AMENDMENT TRANSMITTAL

Commissioner for Patents
Box NON-FEE AMENDMENT
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Response to Office Action (5 pages)
- ☒ Amended specification (only changes are "SEQ. ID. NO." to "SEQ ID NO:")
(25 pages)
- ☒ Figures 1 - 6 (7 sheets)
- ☒ Return Postcard
- ☒ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	26	26	0	x \$18.00	\$0.00
Independents:	6	6	0	x \$84.00	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$280.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
CLAIMS AND EXTENSION FEE TOTAL:			\$0.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$0.00

- ☒ The Commissioner is hereby authorized to charge any fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

10-18-01

By

Stacy L. Taylor

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